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**UNITED STATES PATENT APPLICATION TRANSMITTAL FORM**

09/19/00  
Jc694 U.S. PTO

**BOX PATENT APPLICATION  
ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231**

Docket No.: 909.0029USU

Jc784 U.S. PTO  
09/665524  
09/61/60

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Jean-Francois Le Pennec and Olivier Hericourt

For: **METHOD AND SYSTEM FOR RETRIEVING AN ANTI-VIRUS  
SIGNATURE FROM ONE OR A PLURALITY OF VIRUS-FREE  
CERTIFICATE AUTHORITIES**

Enclosed are:

**XXX** Specification (56 pps.) consisting of: Description (49 pps); Claims (6 pps);  
Abstract (1pp);

**XXX** Declaration and Power of Attorney;

**XXX** Appointment of Associate Power of Attorney;

**XXX** 11 sheets of drawing;

**XXX** An assignment of the invention to: **International Business Machines Corporation**, including \$40.00 recordation fee and Assignment  
Recordation Form Cover Sheet;

\_\_\_\_ Verified Statement (Declaration Claiming Small Entity Status - Small  
Business Concern;

\_\_\_\_ Information Disclosure Statement (with copies of patent);

\_\_\_\_ Form - PTO-1449;

**XXX** Priority of application Serial No. **00480007.4** filed on **06 January 2000**,  
in **Europe** is claimed under 35 U.S.C. §119;

**XXX** Priority Document of application Serial No. **00480007.4** filed on **January**  
**6, 2000** in **Europe**; and

09665524-091900

**XXX** Preliminary Amendment.

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$690.00
Total Claims	16 - 20 =	0	x \$18.00	\$0
Independent Claims	3 - 3 =	0	x \$78.00	\$0
Multiple Dependent Claim Fee		x \$260.00 = \$0.00		
<b>TOTAL FILING FEE</b>		<b>\$690.00</b>		
1/2 FILING FEE FOR SMALL ENTITY		\$		

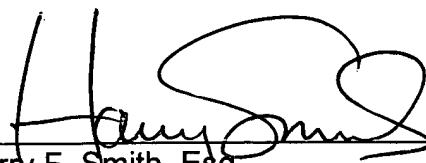
**XXX** A check in the amount of \$ **730.00** to cover the filing fee (\$690) and assignment recordal fee (\$40) is enclosed.

**XXX** The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

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September 19, 2000

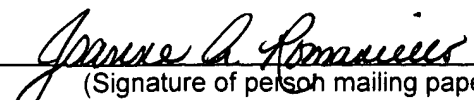
Date of Signature

  
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**CERTIFICATE OF EXPRESS MAILING**

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Joanne A. Romaniello  
(Typed name of person mailing paper)

  
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